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ABSTRACT

The perception of death gradually develops in a child's mind, reaching maturity at about 8 or 9 years of age. A mature death concept usually means a definition which includes the perception of death as a natural process, its finality, its irreversibility, and its universality. A study was undertaken to improve knowledge about the death concept. Suicidal individuals (N=39) were interviewed a few days after they had attempted suicide. Subjects were asked to recall their thoughts on death just before they attempted suicide. The analysis of their answers showed that their concepts of death expressed various different wishes including the desire to sleep, to rest, to forget, to put an end to something, to change a painful relationship, or to join a dead loved one. Underlying all of these thoughts was the idea that it was possible to be born again. The feeling that death is definitely the end or nothingness was rarely expressed. These findings suggest a lack of maturity in the death concept of most suicidal people. Compared to first attempters, repeat suicide attempters showed less consciousness of death and the risk of loss of life entailed in their suicide attempt. (Author/NB)

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DEATH PERCEPTION IN PEOPLE WITH SUICIDAL TENDENCIES

Veronique George and Edith Dussaucy

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ABSTRACT

Title : death perception in people with suicided tendancies.

The perception od death gradually develops in a child's mind reaching maturity at about 8 or 9 years old.
A mature death concept usually means a definition which includes the perception of death as a natural process, its finality, its irreversibility and its universality. To improve our knowledge about the death concept we studied a group of suicidal people - who "play" directly with the question of death - a few days after they attempted suicide. We questioned them about their thoughts on death just before they acted them out. The analysis of their answers showed that their concepts of death expressed various different wishes : the desire to rest, to sleep, to forget, to put an end or to change some painful relation-ship, sometimes to join a dead loved one. Underlying all theses thoughts is the idea that it is possible to be born again. The feeling that death is definitely the end or nothingness was rarely expressed.
So we propose the hypothesis of a lack of maturity in the death concept of most of suicidal people.
We then try to make a parallel between this hypothesis, and the death concept as it has developed in the 20th century : its tendancy to refuse the idea of death as a natural process, whilst at the same time turning it into a common place event.

DEATH PERCEPTION IN PEOPLE WITH SUICIDAL TENDANCIES

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This study was made within the suicidology department of Fernand Widal Hospital in Paris ; This department is specialized in treatment of patients after suicide attempts, and in prevention for subjects having already made suicide attempts.

The majority of patients hospitalized in this small department have attempted suicide using drugs.

We noted a surprising discrepancy, in the majority of cases, between the gravity of their acting out, implying a direct confrontation with death, and the fact that afterwards, they seem to elude the problem of death.

The majority don't talk of death, or only in a detached manner, as if they weren't involved. Whereas they had actively confronted death in reality.

In order to follow up and elucidate this intuition, concerning the discordance in their way of speaking about death, we looked at the adult's death concept and consequently at the various stages of its elaboration through childhood.

The following notions have been seen to constitute the formation of the child's death concept : separation, the loss of the essential functions, irreversibility, universality, death as the exclusive and endogenous property of all living matter. It is commonly accepted that the child reaches an initial stage of maturity, integrating all these notions, by 8 or 9 years of age.

He must first have integrated the notion of time, and at the beginning, the child does not initially distinguish between absence, separation and death. So repeated, separations from the mother, which occasion distress, are necessary in order for him to begin experimenting with this experience. Thus the child first conceives of death as a reversible and transitory phenomenon, before going on to acquire a conception of it as something irreversible that concerns everybody, himself included, and

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that generates metaphysical anguish.

Game playing has a vital role to play in the mastering of the concept of separation, followed by that of death. In playing out the acts of killing and dying, the mastering of his fantasies helps the child to progressively acquire a more mature idea of death.

If we refer to the games fundamental dimension as something that can be repeated, child suicide -before adolescence- can often be interpreted as a game, where death is seen as something reversible.

For the child to experience bereavement he must have acquired, the notions of irreversibility and the loss of the vital functions (breathing-thought, mouvment and so one) parallel to this, the child must accept the reality of loss, for which there are too pre-requisites : the idea of the object's constance, in Anna Freud terms, and especially, melanie Klein notion of total object, that the child encounters in the central depressive position.

The maturation of psychoaffective stage of separation and its corollary the anguish of separation, thus constitutes the psychological basis upon which the death concept is constructed.

Whilst the child has normally acquired the idea of death as an irreversible universal phenomenon, by about the age of 9, "death work" as A. Carel (French psychoanalyst) calls it, in the sense of "dream work" or "work of mourning" carries on in the human psyche, getting closer gradually to the idea of the non representability of death, as it remains fundamentaly something unkown, as stated by Freud and Jankelevitch.

Thus the child first experiences death as something transitory. The metaphysical anguish related to it appearing later.

We thought there were possibly some similarities in the death concept of suicide attempters and children.

We therefore made a study of the death concept of subjects who have made one or more suicide attempts, with the aim of invalidating or confirming this hypothesis.

We began by constructing a questionnaire which, whilst remaining relatively free in form, aimed at focusing the interwiew on the points of particular interest to us. That is :

- the existence or absence of death anguish concerning the subject himself or other people.
- the awareness of the fact they were putting their life at stake and of the definitive nature of their act.

The questionnaire was in 2 parts :

- The first part concerned the way the subject experienced the idea of his own death at the moment of his acting out.
We are quite conscious of the fact that this first part could only show a reflection of the reality of the subject's experience, that would be modified, through his memories of it.

- The second part concerned the concept of death in general (that is outside the context of his acting out).
The questions were about the death of the other people, belief in a supreme being, belief in an after life.
At the end, we asked them to transcribe their visual image of death, if possible with a drawing.

The study was carried out on 40 subjects a few days after an attempted suicide through self poisoning. The subjects were picked out on their arrival in the department ; so as to make up an equal number of men and women, first attempters and repeaters. The age range was 18 to 45 (end of adolescence to young adult).

We must note that we made only 39 recordings, one person having refused to participate for reasons not concerning the theme of death.

The interviews lasted half an hour and were made and recorded by 2 psychologists from the department.

So as to give you a better idea of the psychiatric pathology of the chosen subjects, we have drawn up a diagnosis for each one, according to the criteria of the DSM III axe I.

- 14 subjects have adjustment disorder to an identifiable stressor.
- 6 dysthymic disorder or depressive nevrosis.
- 6 atypical depression
- 3 major depression
- 5 abuse (1 opioid abuse - 4 alcohol abuse)
- 3 identify disorder
- 1 generalized anxiety disorder
- 1 isolated explosive disorder

One code V parent child problem.

We deliberately excluded from the study any pathology that was clearly delirious or dissociated just after acting-out.

RESULTS OF THE STUDY

2 types of factors were taken into account in the analysis of the study:
- first : the non verbalized behaviour of the subject as observed by the psychologists and confirmed by other members of the team on listening to the recordings ;

- second : the subjects answers.

We were surprised that our proposition of the survey was accepted so readily, by the majority of the subjects : 39 out 40, we were expecting greater reticence or more refusals on their part, as well as manifestations of anxiety in the days following the interviews, but it didn't happen.

We were ourselves doubtless influenzed by the attitude that reigns in our western society, which tends to make death "tabou".

In spite of the absence of any comparative study for non suicide attempters, all the sociological studies made on the subject, over the last few years, stress the fact, that most people are somewhat reluctant to speak about death.

- **First part** :

In the first part of the interview, the analysis of the existence or absence of "death anguish" is extremely significant : the vast majority -33 say they had no fear of death at the moment of acting-out. 5 of them are quite categorical about the fact that they have never had any fear of death.
But 6 state that they are normaly very much afraid of death. Only 6 (3 repeaters - 3 first attempters) speak of a fear of death at the moment of acting out, and describe reactions of panic or extreme anxiety. But 7 other subjets, without mentionning a fear of death, describe a stade of unease just after their act - ranging from disappointement, to irritation, to great fear.

These answers can be interpreted as an equivalent of death anguish that is not expressed consciously.

On the other hand, 17 subjects of whom 13 first attempters, talk of a state of well-being and relief after acting-out. (the sedative influence of psychotropics drugs plays an important role here : alone or associated with other drugs psychotropic were part of the suicide cocktail).

8 say they don't remember the moment just after acting-out. Again it is difficult to determine the respective influence of the sedative effect of drugs on the one hand, and inexpressible pleasure on the other hand.

So in conclusion we note that more than half the subjects felt no death anguish at the moment of acting out whilst some even speak of feeling pleasure.

For the majority, their idea of death at the moment of acting out is very impregnated with affect and imagination. Most of them situate their act in the context of an unbearable situation that had to be ended.

12 subjets envisage death as a delivrance, a liberation, relief.

9 see it as synonymous of peace, tranquility, sleep. 8 of these subjects are repeaters.

5 envisage it as the only solution that bears hope of change.

For all these subjects (26) death is invested with positive affects. We can see it metaphorically as a representation of maternal-death in the terms of Fromaget, French Sociologist, who associates the ideas of peace, sleep, and calm with those of renewal and rebirth.

4 subjets situate their act in relation to another person, without really concerning it in terms of their death.

(2 talk of a cry for help, 1 of joining a dead loved-one and another speaks of revenge against his wife).

These subjects tell us quite plainly that their aim the reaction of the person concerned is invested more strongly than their death.

1 patient speak of escape. This woman has strong guilt feeling about her act, attributable to her muslim faith.

The definitive aspect of death seems to be absent from the death concept of all these subjects.

There are, however, 8 subjects whose more realistic idea of death seems to show that they had really imagined their own death. They talk of annihilation, nothingness, avoid, eternal sleep.

Yet none of these subjects felt anguish at the moment of acting-out.

25 didn't think about the future of their body and spirit at the moment of acting out. 17 of this group are repeaters, of the 14 who envisaged the future of their body and spirit 12 are first attempters.

10 envisage the future of their body.

6 prefere to be incinerated (one had written his request)

3 prefere to be burried.

only one speak of the decomposition of the corpse

13 thought about the future of their spirit

9 believe in the existence of an after life which is invested in a very positive manner : a better, more just world where peace reigns.

The 4 others don't believe in an after-life and speak of nothingness or avoid after death.

Here again, these subjects do not talk of death anguish during their acting out.

Finally, we studied the way the subject see himself in relation to others. The others person is always somebody very close.

16 remember having thought about someone close to them. 5 wrote letters, and 3 telephoned.

Their problems in relationships could seem to be dominated by aggressivity in 6 cases, guilt in 5 cases and 6 expressed the desire to join a dead loved one. 10 subjects (only a quarter) thought about the grief their death would cause to others.

In conclusion, the moment of acting out seems for the majority to be situated in the context of an experience that abolishes death anguish and where time no longer exists.

Their concept of death for most subjects is invested in a positive manner, a sort of maternal image that expresses an intense regressive desire.

The dangerous definitive aspect of death is either absent of if envisaged (8 cases) does not give rise to be anguish usually correlated with it.

RESULTS OF THE STUDY (39 SUBJECTS)

FIRST PART CONCERNING THE MOMENT OF THEIR ACTING-OUT

1) DID YOU FEEL FEAR OF DEATH AT THAT MOMENT ?

33 = no

6 = Yes — 3 first attempters, 3 repeaters

2) DID YOU FEEL RELIEVED OR WELL AFTER ACTING-OUT ?

17 yes — 13 first attempters, 4 repeaters

11 = no (state of unease)

8 = they don't remember

3 = no answer

3) HOW DID YOU SEE DEATH AT THAT MOMENT ?

As a delivrance - a liberation - relief = 12

synonymous of peace, tranquillity, sleep = 9 (8 repeaters)

the only solution, hope for change = 5

in relation with another person = 4

2 cries for help, 1 to join a dead loved one, one vengeance)

an escape = 1

Annhilation - nothingness - void - eternal sleep = 8 (7 first attempters)

METAPHORICAL REPRESENTATION OF MATERNAL-DEATH

4) DID YOU ENVISAGE THE FUTURE OF YOUR BODY AND SPIRIT IN THE EVENTUALITY OF YOUR DYING ?

25 = no ⟶ 8 first attempters, 17 repeaters

14 = no ⟶ 12 first attempters, 2 repeaters

Tableau n° 1

- **Second part :**

The second part of the interview focused on the concept of death in general. It began with an open question : what do you think of death in general ? the death of others people ?

The interviewers noted in the majority of cases - 32 - the appareance of a different affective climate, a notable contrast to the impression of relative indifference shown by most on the subject in the first half of the interview. They noted longer pauses, sometimes the expression of an intense emotion, a change in attitude.. this impression was indeed confirmed by the objective study of the subjects answers;

there is a significative and evident difference in the replies of first attempters and those of repeaters.

The majority of first attempters (16 out of 20) immediately broach the problem of bereavment concerning the death of a loved one. Their expression of the subject is both spontaneous and emotionnal.

4 speak of a bereavement that remains painful, 6 distinguish between the death of a loved one and that of someone they don't know -all show strong affect- they talk of being racked with grief, distraught and of suffering deep pain at the idea of a loved-one's death.

Only 4 first attempters do not broach the problem of bereavement and remain in a neutral affective climate.

The expression of affect in the case of all the repeaters remains more discreet, less obvious, more non-verbalized, yet it is present. For exemple, one of this group speaks of the death of a dog, identifying with the dog, whereas up to this point, he had shown little affect.

The reason behind the feelings aroused also differs : only 8 out of 19 broach the problem of bereavement and speak of the pain of loosing a loved one.

The others carry on speaking of their own death, as it were, identifying with the other person.

For example, for 7 out of 19 their reaction differs according to the circumstances of the death. 3 have different feeling in the case of someone who has comitted suicide. 3 others speak of the right of the old and sick to die.

We can therefore say that certain subjects, the majority of whom are first attempters, experience the death of others as a separation and that the affect limited to the experience is very much present.

Belief in an after life

21, a little more than half (13 are repeaters) - believe in a life after death where the soul survives. This survival is more or less related to religious beliefs and in some cases gives rise to a rich development in the realm of the subjects imagination. Again, this after life has positive connotations for 13 out of 21. It is a better world of rest and tranquillity where justice and peace reign and corresponds perfectly to the image of paradise conveyed by the various religions.

The others speak of an imprecise representation again the image of a reassuring-mother-death.

11 subjects say they believe there is nothing after death - 5 repeaters and 6 first attempters.
7 subjects, of whom 6 first attempters, express doubt as to the existence of an after-life.

15 subjects believe in a supreme being - the answers are once again very divergent. From the belief in a god within the framework of a religion, christian or muslim, to the existence of an ill-defined superior force, more or less modeled by the imagination and problems of the subject.

10 express doubt - the majority being first attempters and finally, 14 do not believe in the existence of a supreme being.

Our reflexions on these findings give rise to 2 remarks :

first : the belief in a supreme being is not always correlated with the belief in an after life - certain subjects believe in God without an after life and vice-versa. On the other hand, the belief in an after-life, equivalent of a reassuring mother, is slighthy in the majority over the belief in a supreme being that can be interpreted as an all-powerful father image. The sample is not large enough for us to draw conclusions from it.

Second : those expressing doubt are in majority first attempters. This can be seen as a reference to ordealic suicide. The subject thinks that a supreme being, or destiny, may be behind his survival.

A study of the subject's death concept before acting-out -which it is of course impossible to carry out in reality- might well show significant differences on this point.

At the end of the interview, we asked them to represent with paper and pencil visual image which best translated their idea of death. Some made drawings, others used a sentence or word. We put their replies into 3 catagories :

- affective : 14 - 8 repeaters - 6 first attempters
- cultural : 16 - 10 repeaters - 6 first attempters
- rational 9 : 1 repeater and 8 first attempters

The affective answers (14) about a third of the subjects - correspond mainly to a maternal representation of death, but 3 of them gave replies in which reality, the anxiety aspect of death is more present (farewell-absence of communication - game).

The cultural replies, which represent the majority use religious language in 7 cases (cross, cemetery, paradise). The others belong to the present day social stereotyps (shroud, death head, reaper). The replies bear witness to the subjects capacity to put themselves at a certain distance

from their act, and to use the social register to moderate with death-anguish.

Finally, 9 see death as something rational, in majority first attempters, these replies are either anatomic descriptions of the body's future, or formulations of the inexpressible, non representability, nothingness.

RESULTS OF THE STUDY (39 SUBJECTS)

SECOND PART : CONCEPT OF DEATH IN GENERAL

WHAT DO YOU THINK OF DEATH IN GENERAL, THE DEATH OF OTHER PEOPLE ?

24 broach the problem of bereavement with great emotion : 16 first attempters - 8 repeaters

15 don't broach the problem of bereavement : 4 first attempters - 11 repeaters

BELIEF IN AN AFTER LIFE

21 = yes ⟶ 8 first attempters
13 repeaters

11 = no ⟶ 5 first attempters
6 repeaters

7 = doubt ⟶ 6 first attempters
1 repeater

BELIEF IN A SUPREME BEING

15 = yes ⟶ 14 = no

10 = doubt ⟶ 9 first attempters
1 repeater

VISUAL IMAGE OF DEATH

14 affective answers ⟶ 6 first attempters
8 repeaters

16 cultural answers ⟶ 6 first attempters
10 repeaters

9 rational answers ⟶ 8 first attempters
1 repeater

Tableau n° 2

CONCLUSION :

By the end of this study, fully aware that is limited by the context and of the approximate nature of our methodology, we prefer to remain relatively prudent in our conclusions, and avoid making too many generalizations.

But our intuition that there exists a discordance between the gravity of the death risk implied in their act and their attitude to death, is verified in part by the absence of anguish in the face of the possibility of their own death. But the idea of death, and awareness of the death risk are relatively present for a good number of them, especially the first attempters. Their act and the moment of suicide, are thus largely impregnated with this discordance : apprehension and putting their life at state, with no metaphysical anguish.

This absence of anguish in the face of death, which enable them to act without hesitation in most cases, would seen to be the expression of a psychoanalytical point of view, a strickly aconflictual inner attitude (Quenard, psychoanalyst).

This absence of anguish in the face of their death would seem to be a specific characteristic of the suicidal situation (without speaking of philosophic or religious attitudes to death, which enable the subject to transcend the anguish of death).

8 subjects talk clearly of their death anguish before the suicidal crisis period ; 5 others show evidence of an anguish that is masked by the peremptory way in which they refuse its recognition.

This notion could indeed be investigated further through 2 others studies; one comparative study on non suicidal subjects, and the other consisting of a new interview of the same subjects at a distance of 6 or 12 months of their acting-out.

We also noted important differences in the answers of first attempters compared with those of repeaters (among the 19 repeaters are 8 who have made 2 suicide attempts).

The absence of death anguish at the moment of acting out is equivalent in both cases (3 first attempters - 3 repeaters).

In the first attempters :

- a majority experienced pleasure after the act (13 out of 20)
- the reality and proximity of death seem to have been envisaged by more than half of them (13 out of 20 thought about the future of their body and spirit in the eventuality of their death). They therefore projected themselves into the future as dead.
- their concepts of death at the moment of acting out are varied. 7 have a concept that we have called maternel - but 7 others have a more realistic concept.
- Finally, 8 out of 20 have rational concept of death in general which even includes the mature idea that death is non representable.

Death and the risk of death, were therefore indeed present for half of them.
And the number of doubt they expressed as to belief in a supreme being and the existence of an after-life (10 out of 20) shows that all these subjects had reflected on death.

Of course the questions of sociocultural background, educationnal level and religion are all relevant to this information, and we are not able to take these factors into account in the study. But the predominant absence of doubt expressed by repeaters is nonetheless an interesting factor.

On the whole, the first attempter's replies are more varied and show a more individualized approach to death.

However, when it comes to the death of other people, replies are more homogeneous (16 out of 20 immediately broach the problem of bereavement in a very emotional way, as if the absence of anguish concerning their own death was perhaps apparent in a form of anguish concerning the death of a loved one. The death of others is experienced as something that occasions more anguish than their own death. We can see this -in part- as the child's experience of separation anguish. The

subject's regressive desire would seem to take him back to the experience of an earlier stage of his development that he had not lived out completly with narcissistic disorganisation and libidinal decrease in the cathexis of the self (as Quenard expresses it) in which the distinction between himself and the other (his mother) was not quite realized, with the consequence that the other's existence remains something quite vital to him. The suicide crisis period, appears to take him back to his stage of the child's development, in which the death of others has more meaning than his own death.

Repeaters equally show in majority an absence of death anguish, but their replies are in the whole more homogeneous :
- the majority have a maternal-death concept 14/19
- only 4 felt pleasure after acting out
- at the moment of acting-out only 2 thought about the future of their body and spirit after death.
- only 8 evoke the problem of bereavement, and on the whole, in the second part of the questionnaire, their expression of affect relating to death is more discret, less in evidence.
- only 2 express doubts as to the existence of a God and an after life.

In conclusion : the repeaters show less consciousness of death and the risk of loss of life entailed in their act, as if these notions had been put to one side.

These differences in the death concept of first attempters and repeaters lead us to 2 different lines of questionning and research.

First, can a person's concept of death give information about a deformed psychic structure, and, in this case, serve as an indirect indicator in the pronostic of a possible repetition ? Indeed, amongst the first attempters, 4 show a global attitude to death similar on many points to that of the repeaters. Is there more risk, that these subjects will repeat their suicide attempt ?

Second, parallel to this, the experience of acting out would seem to modify the death concept of the person who attempt suicid. Can we speak of conceptual regression in the death concept of the repeaters ?

What are the mecanisms that could explain this ?

How important then is the idea, linked with death, of transgressing a forbidden area ? How important the role of this transgression as a final barrier and that of the pleasure it induces ?

How far is the fantasy of supreme control over death present ?

What is the role of repetition and game-playing in the suicide attempts? The answers to these questions would perhaps explain the increased risk of repetition for a subject who has already made a first attempt.

This first approach to the suicide attempters death concept is not definitive. But we believe it had served to pinpoint a number of interesting factors which may well lead to therapeutical applications in the future. And we intend to continue our research on these lines, in particular as far as prevention for repeaters is concerned.

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